PTO/SB/17 (10-08)
Approved for use through 06/30/2010, OMB 0661-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Ur

der the Paperwork Redu	action Act of 1995, no	persons are rec	uired to resp	pond to a collection	of inform	ation unl	ess it displays a	valid OMB control numbe	
Fees pursuant to the G	Effective on 12/08/24	304.	/U D 4040)		-	omple	te if Knowi	,	
				Application Nu	ımber	10/588	,118		
FEE T			AL	Filing Date		08/01/2	2006		
Fο	r FY 20	09		First Named In	ventor	CHAR	LEUX, B. et a	al	
				Examiner Nan	ne	FINK, B.R.			
Applicant claims small entity status. See 37 CFR 1.27				Art Unit	4131				
TOTAL AMOUNT OF PAYMENT (\$) \$130.00				Attorney Dock	et No.	FR-AM2009NP			
METHOD OF PA	YMENT (check al	that apply)							
Check C	Credit Card	Money Order	☐ Non	e 🗆 Oth	er (please	identify)			
Deposit Accoun	t Deposit Accour	nt Number:	012717	Дер	osit Acco	unt Name	s:	31684	
For the above-ide	ntified deposit accou	nt, the Director i	s hereby aut	horized to: (check	all that ap	ply)			
Charge fee(s) indicated below									
⊠ 9	harge any additional	fee(s) or any un	derpayment	s of 🔀 Cred	fit any ove	rpaymen	ts		
WARNING: Information	on on this form may	become public	c. Credit car	rd information sh	ould not	be includ	ded on this for	m. Provide credit card	
FEE CALCULATI	ON								
1. BASIC FILING,						_			
	FILING F								
Application Type	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	E	ce (\$)	Fee (\$)	Fees Paid(\$)	
Utility	330	165	540	270		220	110		
Design	220	110	100	50		140	70		
Plant	220	110	330	165		170	85		
Reissue	330	165	540	270		650	325		
Provisional	220	110	0	0		0	0		
	(including Reissue)				Fee (\$) 52 220 390	Small Entity Fee (\$) 26 110 195	
Total Claims	Extra Claim	s Fee (\$)		Fee Paid (\$)				Fee Paid (\$)	
				\$0.00					
Indep. Claims	Extra Claim	8 Fee (\$)		Fee Paid (\$) =S0.00					
3. APPLICATION S If the specification a 37 CFR 1.52(e)), the See 35 U.S.C. 41(a)	SIZE FEE nd drawings excee application size fo (1)(G) and 37 CFF	ed 100 sheets se due is \$27 R 1.16(s).	of paper (c 0 (\$135 for	small entity) for	reach ac	iditional	50 sheets or	fraction thereof.	
Total Sheets									
4. OTHER FEE(S)	100 =			(round up	to a wild	es muitic	NI A 34/83	Fee Paid (\$)	
Non-English specific				t)				\$130.00	
SUBMITTED BY	LAMOUNT OF PAYMENT (8) \$130.00 Attorney Docket No. FR-AM2009NP D OF PAYMENT (check all that apply) ck Credit Card Money Order None Other (please identity): sait Account Deposit Account Number: 612717 Deposit Account Number: 31684 he above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(e) indicated below Charge fee(e) indicated below, except for the filling fee								
Signature	to	Bud	B	Registration No.	310	00	Telephone	215-419-5270	
Name (Brint/Tuen)	-	Starra	D Povd	Fee			Date	February 17, 2009	

This collection of information is required by 97 CFR 1.138. The information is required to obtain or retain a benefit by the public which is to file (and by the USFT) to proceed) an application. Confidentiality is governed by 38 U.S.C. 122 and 37 CFR 1.131 his collection is estimated to take 30 invalidation of the collection of the co